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16 PAGES.

CLINICS.

CLINICAL LECTURE.

Lecture on the Treatment of Catarrh and Bronchitis.—By GEORGE JOHNSON, M. D., F. R. C. P., Prof. Med. in King's Coll.; Phys. to King's Coll. Hospital.—An ordinary catarrh, although not a dangerous or a very serious disease, is yet, with many persons, an oft recurring malady, which occasions a great amount of discomfort and annoyance both to the patient and to his associates; and, as treatment has considerable influence upon the progress of the disorder, it is worth while to give the subject careful consideration.

The exciting cause of a catarrh, in the great majority of cases, is a chill, or some unknown atmospheric influence, which tends to suppress the action of the skin; and the most successful plan of treatment consists in the employment of means for restoring the free action of the skin. The popu-

lar domestic treatment consists in the use of a hot foot-bath at bed-time, a fire in the bed-room, a warm bed, and some hot drink taken after getting into bed, the diaphoretic action being assisted by an extra amount of bed clothes. Complete immersion in a warm bath is more efficacious than a foot-bath; but the free action of the skin is much more certainly obtained by the influence of hot air—most surely and profusely, perhaps, by the Turkish bath. The Turkish bath, however, is not always to be had, and, even when available, its use in the treatment of catarrh is attended with some inconvenience. In particular, there is the risk of a too speedy check to the perspiration after the patient leaves the bath. On the whole, the plan which combines in the greatest degree efficiency with universal applicability consists in the use of a simple hot-air bath, which the patient can have in his own bedroom. All that is required is a spirit-lamp with a sufficiently large wick. Such lamps

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are made of tin, and sold by most surgical instrument makers.

The lamp should hold sufficient spirit to burn for half an hour. The patient sits undressed in a chair with the lamp between his feet, rather than under the chair. An attendant then takes two or three blankets and folds them round the patient from his neck to the floor, so as to inclose him and the lamp, the hot air from which passes freely round his body. In from a quarter to half an hour there is usually a free perspiration, which may be kept up for a time by getting into bed between hot blankets. I have myself gone into a hot-air bath suffering from headache, pain in the limbs, and other indications of a severe incipient catarrh, and in the course of half an hour I have been entirely and permanently freed from these symptoms by the action of the bath.

Another simple and efficient mode of exciting the action of the skin consists in wrapping the undressed patient in a sheet wrung out of warm water, then, over this, folding two or three blankets. The patient may remain thus "packed" for an hour or two, until free perspiration has been excited.

I may mention, in passing, that the hot-air bath and the wet packing are very useful in the treatment of many forms of disease. I constantly employ both in the treatment of renal disease; and not long since I believe that by the wet packing I saved the life of a lady, in whom very alarming symptoms were associated with the imperfect outcoming of the rash of scarlatina.

Now, to return to the treatment of catarrh, let me impress upon you that the sweating plan of treatment, to be successful in cutting short the disease, must be adopted early—I mean within a few hours from the commencement of the symptoms.

Another mode of treating catarrh, which is very successful with patients who are tolerant of opium, consists in giving a dose of opium, or morphia, at bed-time. Within half-an-hour after the opiate is taken, it frequently happens that the unpleasant coryza, and every other symptom of catarrh, have passed away. If the patient can avoid exposure on the following day, the cure may be complete, and there is no need to repeat the dose.

It is probable that the good effect of the opiate is partly due to its diaphoretic action,

which may be increased by combining it with ipecacuanha; but, besides its action upon the skin, there must be some direct influence on the nerves and vessels of the inflamed mucous membrane to explain the speedy relief from discomfort which follows the opiate dose. The opiate treatment of catarrh is not so generally applicable as the sweating plan, for the reason that many persons are intolerant of opium, or they cannot take it without suffering from headache, nausea, and other distressing symptoms, which render it an undesirable remedy for them. In any case the opiate treatment, like the diaphoretic method, is more successful in proportion as it is resorted to early in the attack.

In some persons, repeated doses of ammonia have the effect of lessening the coryza and other distressing catarrhal symptoms. Five grains of sesquicarbonate of ammonia, or a drachm of the aromatic spirit, may be taken in water every three hours. A single dose of ammonia at bed-time is an efficient and useful diaphoretic, its action being aided by external warmth. Some catarrhal patients experience great relief from an occasional dose of spirit of camphor. The usual dose is from ten to thirty drops in a wineglassful of water. In ordinary catarrh, as a rule, no change of diet is required. A catarrh which has gone on unchecked for a few days, is sometimes much mitigated by a generous diet and an extra glass of wine.

Those who are especially liable to catarrh should be careful to keep their feet warm and dry; and they should be warmly clothed, wearing woollen next the skin. They should avoid excessive wrapping up; since this, with even gentle exercise, tends to overheat the body, and so to increase the risk of a subsequent chill. The practice of wearing a hare-skin, wash-leather, or thick folds of flannel over the chest, is to be condemned as at once filthy and unwholesome.

It may be well to remind catarrhal subjects that the nose is a natural respirator, so that, in passing from a hot room into the open air, if the mouth be kept closed, the air, in its passage through the nostrils, has its temperature raised before it enters the chest.

There is reason to believe that the daily use of a cold sponge-bath, or a shower-

bath, has a wholesome hardening influence upon those who adopt it, and that it renders them less liable to attacks of catarrh.

Treatment of Acute Bronchitis.—Acute bronchitis is an exaggerated catarrh; the two diseases are essentially the same, and they require the same principle of treatment, only modified according to the character of the symptoms.

In the early stage of acute bronchitis, when the mucous membrane is dry and swollen, the hot-air bath or the wet packing may be employed once or oftener with advantage. Another very useful remedy in this stage is tartar emetic, in doses of one-sixth of a grain, combined with liquor ammoniæ acetatis. This mixture exerts a diaphoretic action both upon the skin and the mucous membrane of the air-passages; thus it brings on the stage of secretion, and with this a mitigation of the vascular engorgement. The patient should remain in bed, and the temperature of the room should be maintained at from 60 deg. to 65 deg., the air being kept moist by steam from the spout of a kettle, or a special boiler on the fire. The inhalation of steam, repeated several times in the course of the day, is often very soothing and beneficial. Hot fomentations may be applied to the front and back of the chest by means of spongio-piline, or flannels covered with mackintosh. A mild mustard-poultice to the front of the chest is a good remedy for a sense of tightness and dyspnoea; but I advise you not to excite painful inflammation of the skin by mustard or turpentine, or by any other means.

When dyspnoea, with a feeling of tightness and oppression at the chest, is urgent and distressing, the application of a few leeches to the chest, or a moderate abstraction of blood by cupping, often affords prompt, decisive, and permanent relief.—Venesection is very rarely required; though, in the case of a plethoric subject suddenly seized with general capillary bronchitis, and threatened with death from apnoea, venesection may prove a life-saving remedy. Milk and beef-tea form the most suitable diet during this stage of the disease. Stimulants and opiates are to be avoided, as a rule, on account of their tendency to increase the congestion and dryness of the inflamed mucous membrane. In the second stage, when a free secretion has been established, antimony and acetate of

ammonia are to be discontinued. At this period, a combination of sesquicarbonate of ammonia, with spirit of chloroform, is useful as a stimulating expectorant and antispasmodic. Brandy or wine in moderate quantities may now be required to sustain the strength. When, in the advanced stages, there is a profuse purulent secretion, with copious perspirations, the ammonia mixture may be replaced by one, each dose of which contains a grain of sulphate of quinia, two grains of sulphate of zinc, and twenty minims of aromatic sulphuric acid. This combination often checks very rapidly the excessive secretion from the bronchial mucous membrane. The stimulating expectorants are sometimes useful at this stage of the disease—I mean senega, squilla, ammoniacum, and the compound tincture of benzoin. If, as sometimes happens, the stimulating expectorants suddenly check secretion, tighten the breath, and increase dyspnoea, their employment must at once be discontinued. When the secretions accumulate and threaten suffocation, the patient being blue, and cold, and drowsy, and the cough nearly or quite ceasing, an emetic of sulphate of zinc is often wonderfully efficacious in clearing the air-passages.

Here I must give you an especial warning with regard to opium. A patient who has been sitting up in bed, labouring for breath day and night, naturally craves for sleep, and begs for an opiate. Now, a small dose of opium given in such a case, has caused fatal narcotism in numberless instances. The opiate stops the cough, and, of course, the expectoration; the patient sleeps more and more heavily; meanwhile the secretion accumulates, and causes fatal apnoea. Never, therefore, give an opiate to a bronchitic patient who has the slightest blueness of the lips. When the expectoration is quite free, and the lips are florid, you may sometimes venture to give a small opiate with antimony or ipecacuanha, or you may give a drachm of the compound tincture of camphor, or twenty minims of chlorodyne. The good effects of a few hours' sleep thus procured are sometimes very manifest.

When bronchitis is associated with blood-contamination consequent on Bright's disease, diaphoretics, purgatives, and dry cupping over the loins, are amongst the most useful remedies.

The treatment of *chronic bronchitis* is es-

essentially the same as that of the acute form of the disease. They merge into each other by imperceptible degrees. An acute attack may subside into a chronic condition, and exposure to cold will quickly convert chronic into acute bronchitis.

Amongst other remedies in the chronic stage, the inhalation of the vapour of creosote, or oil of turpentine, by means of Nelson's inhaler, is often beneficial. These vapours facilitate expectoration at the same time that they tend to check the profuse purulent secretion. The abundant secretion may sometimes be checked by inhaling, in the form of spray, a solution of tannic acid.

In treating diseases of the air-passages by the inhalation of vapours, bear in mind that these vapours rapidly pass beyond the lungs: they are quickly absorbed and enter the circulation, causing, in some instances, headache and other discomforts. The necessary contamination of the blood by the inhalation of vapours, renders this mode of medication less generally useful than it otherwise might be in the treatment of bronchial inflammation and catarrh.

Change of air, and, in particular, a residence in a mild, dry, and equable climate, are amongst the most important remedial and preventive measures.—British Medical Journal, Oct. 23, 1869.

HOSPITAL NOTES AND GLEANINGS.

Employment of Chloral Hydrate in Delirium Tremens.—In considering the history of the following ten cases, treated in the Liverpool Workhouse Hospital, under the care of Dr. J. H. Barnes, it will be at once evident that chloral, like most other remedies, varies very considerably in its action with various constitutions. While in one case thirty grains were sufficient to compose and give a night's sleep to a most excited and sleepless patient, in another case seventy grains produced no effect, while in yet another ninety grains procured a sleep of only two hours' duration. In all the cases where it was effectual in its operation, sleep was produced very rapidly, ranging from a period of fifteen minutes to two hours. In none of the cases was there that perfect composure and firmness of muscle noticeable after the sleep procured by half-ounce doses of the tincture of digitalis. In most of the cases slight congestion

of the eye and face, and slight perspiration, were visible; while there was an absence of any disturbance at all attributable to the drug. Ten to twenty grain doses have been advocated as sufficient for delirium tremens cases, but from his own experience Mr. Barnes is disposed to consider sixty grains the minimum dose, and that any sleep that may have occurred after the smaller doses must have been simply that which so frequently comes to the relief of this class of patients without the aid of medicaments.

In this remedy, though we have not an altogether perfectly reliable agent, we have one, as far as experience points, capable of procuring, in most cases, a very rapid and peaceful state of sleep, and capable of administration without trouble or danger in exact definite quantities.

CASE 1.—J. F., aged forty-seven, was found in the rigging of a ship in the Queen's Dock, and was with the greatest difficulty got down. He was excited and raving. On October 22d, at 2.10 P. M., seventy grains of chloral were given, but produced not the slightest effect. Being still violent and noisy on the 23d, he was given four drachms of tincture of digitalis at 12 P. M.; fell asleep in half an hour, and slept more or less the whole night. On awaking he was quiet and rational.

CASE 2.—J. B., aged twenty-eight, a barman, said to have been drinking heavily, was admitted October 22d, in an excited condition; would not keep in bed. He was given, at 2 P. M., sixty grains of chloral. Slept at 9 A. M. on the 23d, and was quiet till noon. Another sixty grains of chloral was given at 3 P. M. Patient fell asleep at 3.15, and awoke at 4.45. He was quiet all night. On examination next morning, there were evidences of typhus, and patient was sent to the Fever Hospital.

CASE 3.—J. J., aged thirty-nine, was excited and restless; would not keep in bed, being under the impression that people were going to injure him; tremulous and weak. On October 23d, at 2.10 P. M., he was given sixty grains of chloral; was slightly affected, but did not sleep. At 8 P. M. sixty grains more were given; he then fell asleep at 8.35, and slept till 6 the following morning; awoke rather excited, but slept again till 9 A. M., when he awoke rational and quiet.

CASE 4.—R. B., aged forty, admitted in

an excited state, it taking five persons to control him, as he was not only violent, but very large and muscular. On October 31st he was given sixty grains of chloral at 1.40 P. M.; fell asleep at 2, and slept till 4, when he awoke excited. He vomited the first thing the next morning, and once afterwards. On the 2d November, at 2.15, ninety grains of chloral were administered, which caused him to sleep in fifteen minutes, the sleep lasting two hours, and being followed by another shorter sleep. While asleep, his breathing was as placid as an infant's; the eyelids could be raised with the finger, and the pupils were seen to be contracted; on placing the finger between the lids there was spasmodic contraction. Face flushed.

CASE 5.—W. J., aged thirty-seven, was admitted, and during the whole of the first night, would not keep in bed, but was greatly excited. On November 7th he was given eighty grains of chloral. Patient went to sleep in fifteen minutes, and slept all night. On the 8th he was quiet and rational.

CASE 6.—M. M., aged thirty-eight, admitted to the asylum on September 28th, 1869, for third attack of delirium tremens within a short time. Patient was pale, restless, and excited, did not sleep the whole night, or keep his bed; tremulous, with a pulse of 130 per minute. On the 29th he was given thirty grains of chloral in half an ounce of water. He had a quiet night, and was rational and composed next day.

CASE 7.—T. K., aged thirty, was sleepless and very excited, with a pulse at 136. Kept making efforts to escape, under the delusion that people were trying to injure him. On September 30th he was given twenty-five grains of chloral, which produced no effect. On October 1st forty grains more were administered, which quickly induced sleep, lasting the night through. After the dose, the patient's face was flushed, and the body moist. There was no sickness, and on awaking he had acquired calmness and consciousness, but was slightly tremulous.

CASE 8.—M. G., aged twenty-four, admitted October 9th, 1869, in a violent and excited state; would not keep in bed. Forty grains of chloral were administered in water, which rendered the patient

quieter, producing a flushed face and perspiration, but no sleep. On the 11th he was given sixty grains of chloral at 2 P. M. He fell asleep at 3 P. M., and awoke at 6 P. M., sleeping again from 2 A. M. till 4 A. M. The face and eyes were congested, and the patient, on awaking, was noisy and excited. On the 12th sixty grains more of chloral were administered at 12.40 P. M., sleep supervening at 2.40 P. M., and lasting some three hours. Patient was still excited and noisy on awaking, but gradually became quieter, and was discharged well.

CASE 9.—E. P., aged twenty four, was admitted on October 21st, at 6 A. M., in a very excited and restless condition; struggled violently with the attendants, under the impression that they and others were going to kill him. At 1.30 P. M. sixty grains of chloral were given, and he fell asleep at 1.55 P. M., woke at 3.45 P. M., slept again at 5.10 P. M., and was asleep most of the night. There was slight perspiration and flushing of the eyes and face, but no sickness.

CASE 10.—J. M. D., aged thirty-five, was admitted on October 21st, sleepless, excited, and very shaky. At 2 P. M., sixty grains of chloral were given. Sleep commenced at 2.30, and with slight intervals continued all the afternoon and night. On the 27th, not having slept well the previous night, patient took sixty grains of chloral at 8 P. M. He fell asleep at 10 P. M., and awoke at 5 A. M. There was no sickness, flushing of the face, or perspiration.—*Lancet*, Nov. 27, 1869.

Hydrate of Chloral.—Dr. J. W. OGLE has been giving a trial to this new remedy in several cases. It has proved most useful and satisfactory in its action as a hypnotic in small doses—viz., doses varying from five to ten grains. In a slight attack of delirium tremens, twenty grains acted very sufficiently and well in procuring sleep. In one case only did any unpleasantness attend its administration, and that was when peculiar sensations about the head were complained of by a woman suffering from chronic peritonitis, who took five grains. On the following night four grains were given along with a few drops of chloric ether, and no such unpleasant results followed.—*Lancet*, Oct. 16, 1869.

In the London Hospital the hydrate of chloral has been tried, but in much larger doses than given by Dr. Ogle. A dose of half a drachm was given to a man with disease of the elbow joint; and, as this produced no effect in three-quarters of an hour, a second dose was given. No appreciable effect followed, except that the man complained of a griping pain in his stomach. He had complained of this before, however. A dose of half a drachm, on the same night, was given to a patient with disease of the ankle-joint; and then a second, in about three-quarters of an hour. This patient slept a little during the night. He complained of a good deal of headache in the morning. The next night, this patient had three doses of half a drachm each, at intervals of half an hour. In half an hour after the last dose, he was sound asleep. The sleep seemed quite natural. He woke two or three times in the course of the night; and when he woke in the morning, said he had been troubled with a frightful dream. He had no headache, and seemed well satisfied with his sleep. That night he had a dose of a drachm, without appreciable effect, and then half a drachm was given, after which, he went to sleep. He did not sleep continuously, but, when he woke in the morning, was without "dreams" or headache, and felt quite refreshed.

The first patient did not care to have the medicine again the second night, but, on the third, he took a dose of a drachm without effect. A second dose of half a drachm sent him to sleep, but he woke in the night, the nurse said. In the morning, he expressed himself as quite comfortable. The cases were under Mr. Hutchinson's care.

It appeared, therefore, that doses of half a drachm, at intervals of half an hour, were quite safe in adult males, and would procure natural sleep. In neither case was sleep produced within half an hour of the last dose. No further trials, however, were made, on account of the expensiveness of the drug. If Dr. Ogle's small doses should prove effectual in checking mental iniquity, the expense will of course, not be so serious an objection. The chloral used at the London Hospital was obtained from Mr. Squire.—*British Med. Journ.*, Oct. 23, 1869.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Rights of the Medical Staffs of Hospitals and the College of Physicians of Philadelphia.—Many of our readers are aware that the clinical lectures of the Pennsylvania Hospital have been interfered with by the Board of Managers having unexpectedly authorized female students to attend them. This innovation occurred after the male students had purchased their tickets of admission to the practice of the house, and was regarded by them, as well as by the medical staff, as being in contravention of a contract implied in the sale and purchase of the tickets, and as a measure which threatened greatly to diminish the value of the clinical lectures.

Upon the latter ground, also, a protest against it was presented at a general meeting of the physicians and surgeons attached to the several city hospitals, and was signed by them and by a number of leading practitioners.

Moved by a similar sentiment the College of Physicians has not only pronounced upon the principles involved in the particular case which suggested the judgment, but also, as becomes a body so distinguished by its age, learning, and professional rank, has grounded its conclusions upon a just sense of the dignity of the profession, and its right to have a voice in the discussion of all questions which affect the relations of physicians and surgeons with the charitable institutions which they both serve and support.

It is one of the anomalies of the present age that medicine, which was never before so full of knowledge and power, nor so lavish in conferring benefits upon society, should, nevertheless, be so generally derided by teachers of philosophy, and subjected to such wanton insults by those it has most efficiently served.

In the army and navy, not only of the United States, but of Europe also, the claims of the medical staff to an appropriate rank are treated by the political authorities with derision and contempt.

The wise and enlightened counsel of our brethren to Boards of Managers concerning the construction and economy of hospitals is unceremoniously thrust aside; their administration of medical and surgical offices is sometimes interfered with, and they are made to feel, as far as can be, that, not

educated, scientific, and skilful physicians, but managers and trustees, albeit entirely destitute of professional knowledge, are the proper and rightful judges of medical questions, and are entitled to the power, which in fact they exercise, of overriding remonstrance and despising advice. This conduct appears the more extraordinary, as it is certainly the more offensive, when it is remembered that in this country physicians serve the hospitals gratuitously, while everywhere else their services are remunerated.

The reasons for these anomalies, it appears to us, are two in number. The one is that physicians, by unselfishly giving their time and skill to public institutions, have cheapened their value. The other is that the superficial and illogical education, which even the lowest classes of society now obtain, has created a class of critics and judges whose dogmatism is on a par with their ignorance, and whom no fear of disastrous consequences deters from rash experiment and arbitrary innovation.

It seems, therefore, to be high time that whatever of manliness and independence there is in the medical profession should be aroused, and that the managers of hospitals should be told, respectfully but plainly, that they are not the owners in fee simple of these institutions, but only administer them in trust for the public who support them, for the sick to whom they are devoted, for the physicians without whom they could not exist, and for the students of medicine to whose education they are indispensable.

This statement will enable our readers to understand more clearly the subjoined resolutions, which were unanimously adopted at an unusually large meeting of the College of Physicians of Philadelphia, held Dec. 1, 1869, and ordered to be published.

"Resolved, That as hospitals depend in a great measure for their efficiency and good repute upon the character and skill of their medical officers, and as these officers habitually perform their laborious and often dangerous duties without compensation, and with great devotion and zeal; it would seem that justice, as well as courtesy, required that in all things pertaining to the medical discipline of such institutions, the medical staff should not only be consulted, but that no measure materially affecting the patients should be adopted without their concurrence.

"Resolved, That in our judgment such consultation and concurrence are equally desirable, whenever it is proposed by the governing board of a hospital to change the system, established by long usage and general consent, of giving clinical instruction; and that students of medicine authorized to attend the clinics, as well as the medical staff, have good reason to feel aggrieved by regulations which are innovations upon established custom, which affect their interests seriously, and which have been enacted without their knowledge, concurrence, and consent."

JOHN H. PACKARD,
Secretary.

Norfolk District Medical Society, and the Case of Dr. Green, late Passed Asst. Surg. U. S. N.—At a meeting of the above Society at Hyde Park, Mass., Nov. 10, 1869, the following resolutions were adopted. Resolved:—

"1. To express their sympathy with Dr. Green, and their approval of his conduct.

"2. That the resignation of his Commission was due to the dignity of the profession which he represents.

"3. That while his reprimand stands on record, it is not easy to see how any young gentleman of education and spirit can apply for admission to the Medical Staff of the Navy.

"4. That the present status of the Medical Staff of the Navy impairs the efficiency of the corps and the service, and constitutes a grievance demanding redress by Congress."

Death from Chloroform.—A lady died in New York, Dec. 3, from the inhalation of chloroform. The jury found that her death was occasioned by inhaling chloroform to relieve headache.—*Bost. Med. and Surg. Journ.*, Dec. 9, 1869.

Montmorenci Springs, near Aiken, So. Ca.—Dr. W. H. GEDDINGS, a highly educated physician, has opened at the above place an institution as a retreat and sanatory resort for invalids, particularly those suffering with pulmonary affections. "It is not," he says, "in the strict sense of the term a sanatorium, but rather a pleasant and health-restoring resort for valetudinarians, as medical advice and assistance will not be given unless required and requested.

"In addition to the beneficial climatic influences which it enjoys in common with all the country surrounding Aiken, it presents the peculiar attractions of a romantic situation, the large and commodious mansion being placed on a high plateau commanding a view of a picturesque valley. Numerous springs furnish an abundant supply of the clearest and purest water, which is conveyed by an hydraulic ram to all parts of the house. A double veranda incloses three sides of the house. The southern aspect exposes it to the beneficial action of the bright sun and the mild air from that quarter, impregnated with the balsamic fragrance of the contiguous pine groves so grateful to tender lungs. The rooms are large, and the furniture modern and tasteful. The table will be provided with all procurable delicacies, carefully prepared."

In order to obtain accommodations it is desirable that visitors should apply to him by letter beforehand, so that a carriage may be at the station to meet them, and other preparations made for their suitable reception.

Baltimore Medical Journal.—A new medical monthly with this title, to be edited by Drs. E. Lloyd Howard and T. S. Latimer, is announced; the first number to be issued early in January, 1870.

OBITUARY RECORD.—It is with regret that we record the death, on the 17th of December, of Dr. SAMUEL JACKSON, formerly of Northumberland, but for a number of years a resident of this city, at the mature age of eighty-two years. Dr. J. was a gentleman of extensive acquirements and an experienced physician, and contributed a number of valuable practical papers in years past to the *American Journal of the Medical Sciences*.

FOREIGN INTELLIGENCE.

Deaths from Chloroform.—On the 20th of March, a patient in the Lying-in Hospital died during the administration of chloroform, while undergoing an operation for the relief of prolapsed uteri. At the *post mortem* nothing unusual was discovered, except a slight flabby state of the heart.

Another case occurred in the Melbourne Hospital about a year and a half ago, when

the *post mortem* examination disclosed a diseased state of the heart, but the description was very imperfect.—*Brit. Med. and Surg. Journ.*, Nov. 25, 1869, from *Australian Med. Gaz.*

M. L. LABBE communicated to the Imperial Society of Surgery, March 31, 1869, a case of this. The subject of it was a man *æt.* 42, who had fractured both bones of his left leg January 19, 1869. Six days afterwards tetanic symptoms came on. To quiet the spasm, the next day chloroform was given, but after a few inspirations the pulse ceased, and the patient presented all the apparent signs of death. Artificial respiration was resorted to, the tongue drawn out, and after a short time the circulation and respiration were re-established. The patient was then put to bed, apparently in a satisfactory condition. But a moment afterwards the respiration suddenly ceased, and despite all the usual efforts, life became extinct.—*Journ. Hebdom.*, April 30, 1869.

Death from Drinking Chloroform.—A man, named Shakey, *æt.* 50, an inmate of the General Hospital, Jersey, has died in consequence of drinking chloroform. The head nurse, Joseph Hoare, deposed at the inquest that, as he was carrying a tray with some instruments in his hand, and a bottle of chloroform under his arm, the deceased called out to know "whether the bottle contained gin." Hoare told him that it contained "stuff to send people to sleep," and gave him the bottle to smell at. Shakey took out the stopper, and, instead of smelling at it, began to drink some. Hoare seized the bottle again, after Shakey had taken about a tablespoonful. No immediate effect followed; but, when Hoare returned, in about half an hour, the deceased looked drowsy; but, when spoken to, he regained his customary appearance, and is said to have looked quite cheerful. He soon, however, was noticed to be asleep. He was roused up again, and some ammonia given him. He went to sleep again, though the doses were repeated. Salt and water were tried, and then castor oil. Notwithstanding all the nurse's efforts, however, Shakey died about three hours after swallowing the chloroform. Dr. Godfray said there was no doubt that the small quantity of chloroform had proved fatal. He had read recently of the case of a person drinking half a pint without death ensuing.

Shakey was very feeble, and suffering from an incurable disease.—*Brit. Med. Journ.*, Nov. 13, 1869.

Lateral Deviation of the Eyes in Cases of Hemiplegia.—Deviation of both eyes from the side of the body paralyzed is a symptom which has been remarked in recent cases of hemiplegia by several observers—Gull, Vulpian, Prévost, Humphrey, Lockhart Clarke, Hutchinson, Broadbent, Russell Reynolds, and Hughlings Jackson. This curious symptom occurs occasionally with extensive cerebral hemorrhage, whether this be on the surface, or within the substance of the cerebral hemisphere. Dr. Hughlings Jackson has observed it in two cases of hemiplegia presumably the result of embolism, but in neither case was an autopsy obtained. Sometimes the head is turned in the same direction as the two eyes. It may last a few days or a few hours, but invariably passes off before other parts of the paralyzed regions recover. It must be carefully observed, too, that when there is continuous rigidity along with, or perhaps we should say instead of, hemiplegia, the eyes and head may turn to the side of the body affected by such rigidity or spasm; and if there be occasional spasm over and above the continued rigidity, the eyes and head turn still further in that direction. These two symptoms, the deviation of the head and of the two eyes, are of great physiological interest. M. Prévost thinks they imply rudimentary "rotation." They are of great value, also, in helping us to complete the parallel there seems to be betwixt hemiplegia from destruction of the corpus striatum, and hemispasm and hemichorea from instability of the cerebral region of which the corpus striatum forms part. Although the movement of turning the eyes to one side seems to be the only ocular movement lost when the corpus striatum is destroyed, the complementary study of hemispasm shows that other, probably all, ocular movements are represented in the corpus striatum. The ocular movement lost in hemiplegia is the one which is most largely represented of these movements. It suffers most in hemiplegia, just as the arm suffers more than the leg. When, however, a convulsion affects first one side of the body and then the other, we see two lateral deviations, and betwixt these, as the spasm is passing from one side of the body to the other, several conjugate deviations,

showing discharge of processes for movements other than lateral of the two eyes. In hemiplegia, as we usually see it, there are no ocular symptoms. It is only when the damage to the brain is sudden and extensive that the deviation of the head and two eyes is observed. But a careful study of the phenomena of hemispasm shows, Dr. Hughlings Jackson thinks, that the cerebral hemisphere contains processes for movements of the unilateral, the alternate, and the bilateral movements of the whole body.—*Lancet*, Nov. 13, 1869.

Dysenteric Arthritis.—Under this name Dr. HUETTE describes (*Archives Gén. de Med.*, Aug., 1869) cases in which rheumatism attacks the joints during the course, or shortly after the cure of epidemic dysentery. A connection between epidemic dysentery and arthritic rheumatism has been noticed by Zimmermann, Lepecq de la Clôture, Stoll, &c. The author relates ten cases observed during an epidemic of dysentery in the Canton of Montargis, in 1854. The following are his conclusions: 1. There exists a variety of arthritis, having for its peculiar and necessary cause an epidemic inflammation of the mucous membranes of the rectum and of the colon. 2. This rheumatismal manifestation does not show itself during all epidemics of dysentery; it is dependent on a peculiar medical constitution; individual diathesis may favour its development. 3. Dysenteric arthritis differs in its causes, its progress, its general physiognomy, and in its consequences, from simple articular rheumatism. It is closely analogous to blennorrhagic rheumatism. 4. Dysenteric arthritis, which is almost always polyarticular, has a variable duration from several weeks to several months. It terminates by resolution in a large majority of cases, but under certain rare conditions it may end by suppuration and ankylosis. 5. Metastasis does not furnish an explanation of the occurrence of the arthritis, according to the old doctrine; it is more rational to explain its occurrence by a morbid affinity, which, the mucous membranes being affected, determines reflex pathological effects on other tissues.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1869.

Successful Ovariectomy performed in the Fourth Month of Pregnancy, after Rupture of the Cyst and Peritonitis.—MR. HENRY BATEMAN reports in the *Lancet* for Sept.

18th, 1869, this case, occurring in a woman æt. 36, the mother of eight children. Mr. Spencer Wells was called in consultation, and confirmed the diagnosis as to the presence of an ovarian tumour, with free fluid surrounding it in the peritoneal cavity, and pregnancy about the commencement of the fourth month. It was agreed to offer the patient the choice of early tapping the abdomen or removing the ovary, but the latter was recommended notwithstanding the special risks arising from her pregnant condition and the coexistence of diffused peritonitis. The major operation was decided on. The tumour, with its contents, and the fluid surrounding it, weighed altogether thirty-seven pounds. There was a general injection of the peritoneum, but no recent lymph. There was some omental adhesion, and one vessel there needed a ligature, which was left in the abdomen. The pedicle was secured by a clamp, and fixed outside the wound, which was united by interrupted suture. Mr. Wells was extremely careful to cleanse the peritoneal sac thoroughly of all ovarian fluid, by repeated sponging, before closing the wound.

On the twenty-eighth day the patient returned home, in good health.

This case proves, 1st. That ovariectomy may be performed successfully when pregnancy has advanced to the fourth month, without occasioning abortion.

2dly. That recent peritonitis, consequent on a ruptured cyst and escape of its contents into the abdomen, is no bar to the operation.

3dly. That both these together will not preclude ovariectomy by the hands of a skilful operator, when the patient is calm, trustful, and in all respects amenable to the directions of the medical advisers, as was the case in this instance.

Indian Hemp in Hydrophobia.—At a recent meeting (Dec. 2d) of St. Andrew's Medical Graduates' Association a communication was read from Prof. POLLI, of Milan, recommending the use of Indian hemp in large doses in hydrophobia. He related a case in which, although the patient died, the horror, and violence, and raving which torture hydrophobic patients were entirely subdued by its use.

In the discussion which ensued, Dr. Ross expressed an opinion that the frightful symptoms accompanying attempts to swal-

low were not depending on a mental or moral cause, but resulted from physical pain produced by any act of deglutition. He related a case which he had seen lately, in which Dr. Lockhart Clarke discovered no lesion of the nervous centres, but in which there was the small ulcer in the back of the pharynx, which had been described as an accompaniment of the disease.

Professor Polli also added a note on the fact that coffee, tea, and cocoa assist, while lemon juice, citric, malic, acetic, and tartaric acids prevent, the action of Indian hemp. The latter may truly be called antidiotes.—*Lancet*, Dec. 11, 1869.

Ascites cured by Copaiba.—Sir HENRY THOMPSON communicated to the Clinical Society of London a case of ascites successfully treated by copaiba. G. W., aged sixty, was admitted into hospital under Sir Henry's care, on November 30th, 1868, with ascites, puffy ankles, pulmonary oedema, and scanty urine without albumen. His health had been good till July, 1868. During the following three months various remedies were employed, quinia and iron amongst others; but his condition became worse and worse, the increase of liquid in the peritoneum being so rapid that paracentesis was three times required. In March, the administration of copaiba was commenced, the dose being gradually increased until fifteen minims were taken every six hours. The improvement was immediate. The quantity of urine increased from fourteen ounces daily to several pints, and the belly measurement diminished from day to day. He left the hospital convalescent on May 10th, and is now in good health. In his comment on this case, Sir Henry Thompson pointed out that, although the quinia and iron may have contributed to the result, yet improvement commenced before they were given, and he considered that the copaiba acted beneficially as a diuretic.—*Lancet*, Nov. 27, 1869.

Ice Poultices in Tympanites.—The Paris correspondent of the *British Medical Journal* states (see No. for Oct. 23, 1869) that Dr. Peter, Physician to La Pitié, employs a very efficacious and little known method of subduing the tympanitic distension of the abdomen, so often an urgent symptom in typhoid fever, viz., the use of what may be called "ice poultices." Small fragments

of ice are scattered over a thick layer of dry linseed meal: in this way a poultice is formed, which, in consequence of the slow melting of the ice, is kept at the temperature of melting ice. To Professor Monneret belongs the credit of conceiving and introducing to the profession this very valuable method of treating tympanites.

Diabetes in a Case of Tumour of the Medulla Oblongata.—J. B. DOMPELING reports (Nederl. Arch. voor Geneeskr., 1868, IV, and Archives Gén. de Méd., May, 1869) the case of a patient who met with a fall on the back of the head when about fifteen years of age. Since that time he suffered from sharp pains in the head and in the back of the neck; the lower limbs became considerably enfeebled, and there was diplopia. During the space of some years paresis of the limbs of the right side became established with marked blunting of tactile sensibility; sensitiveness to heat was augmented; all the muscles of the right eye were paralyzed; at the same time symptoms of diabetes appeared. The urine contained from five to seven parts per cent. of sugar; this proportion diminished during a season passed at Carlsbad, but soon after the disease advanced and was accompanied by fever and cough. The patient died suddenly six years after the first symptoms were observed. After death a tumour about the size of a small nut was found occupying all the right half of the medulla oblongata. It was continuous with the medulla, not limited. It was formed by a fasciculated sarcoma. On its inferior surface were found two small vesicles filled with fluid, but containing no trace of cysticercus. The longitudinal furrow of the floor of the fourth ventricle was thrust to the left; the roots of the accessory nerve and the lower root of the pneumogastric were very atrophied.—Brit. and For. Med. Chir. Rev., Oct. 1869.

Unique and Remarkable Case of Extra-Uterine Fœtation.—Dr. LÉCLUYSE gives a remarkable case of this accident. A woman of twenty-eight, with deformed pelvis, was operated on, and delivered by Cæsarean section, August 15, 1866. She again became pregnant and in labour on March 23, 1868. On examination, the fœtus could be felt beneath the abdominal walls; but the pains shortly ceased, and it was determined

to postpone the operation of section. In a few days a vaginal discharge of menstrual or bloody character appeared; no motions of the fœtus were felt, and the lower portion of the abdomen formed a kind of sac for the fœtus.

Cæsarean section was now performed with every care, and a seven or eight months' fœtus removed, which was well developed, and dead. The placenta was adherent to the intestines. The wound was closed by sutures, save at the lower part, from which the umbilical cord was allowed to depend, as it was not thought possible safely to detach the placenta by reason of its vascularity. On the fifth day the placenta was decomposed, and part of it removed; the patient died on the tenth day. On examination after death, it was found that the intestines bore no imprint of the placental attachment; but, what was most remarkable and interesting, the uterus, about the size of a goose-egg, was found in the right iliac fossa held by strong adhesions, and on its anterior aspect, and a little to the left of the mesial line, was the open wound left by the incision made in the former Cæsarean operation. The sides were cicatrized separately, and left a hiatus through which the ovum had escaped, and formed this remarkable and perhaps unique example.—Med. Press and Circular, Dec. 8, 1869.

The Heart Transfixed by a Needle.—Prof. BIFFI, at a meeting of the Milan Institute, presented the heart of a lunatic who had died in consequence of gangrene of the tongue which had supervened upon a bite which he had inflicted upon it during a maniacal paroxysm. At the autopsy a needle six centimetres in length was found in the left ventricle, its point, after perforating the valve, penetrating to the extent of one centimetre and a half into the left auricle. On inquiry being made, it was ascertained that the lunatic, twenty-two months prior to his death, had announced to his relatives that he had forced a needle into his heart; but little attention was paid to his statement, especially as no symptom of any disorder in the chest manifested itself, the pulse during all this time, too, being quite regular in its beats. Full details of the case are to be shortly published.—Med. Times & Gaz., Oct. 30, 1869, from Gaz. Med. Italiana-Lombardia, Oct. 16.

Experiments with Cobra Poison.—Dr. FAYRER is still continuing his experiments on snake poison. Certain specifics sent him by enthusiastic possessors thereof have failed to show any antidotal virtues. Various sets of experiments have been made to test the effect of tightly ligaturing the limb, both before and after the bite of the cobra, on the absorption of the poison. In the first set, ligatures were thrown loosely round the limbs of dogs, and tightened as firmly as a man's strength could draw them immediately after the limb had received the bite of the snake; the wound was also cauterized with a hot iron, carbolic acid being first rubbed into it; death, however, ensued in the usual time—showing the rapidity with which the poison is absorbed, and how much must be absorbed before a ligature can be used, even in the quickest possible manner, after the reception of a bite. The effect of tightly strangulating a limb before it was bitten was to retard the entry of the poison into the system; but so subtle is the poison, and so great its diffusive power, that after a while death resulted in fowls. The free use of the ligature, however, gives a certain amount of time to operate locally in attempting to neutralize the venom in the wound. Dr. Fayrer has noticed that occasionally a poisonous snake may bite without poisoning—a fact that should be remembered in explanation of so-called cases of recovery from snake-bite. To show the potency of the cobra poison, it may be mentioned that forty drops of the blood of a dog poisoned by a cobra, diluted with water and injected into a fowl's thigh, killed the bird in seventy-five minutes. Excision has also been practised by Dr. Fayrer, at once, within two or three seconds after the bite; yet in the meanwhile enough poison often entered the system to cause rapid death, though the fatal issue was retarded. The inference drawn is, that to cut the bitten part out extensively and immediately gives, perhaps, the best chance of recovery.—*Lancet*, Nov. 13, 1869.

What is Blood-Fibrin?—A few years ago, physiologists thought that they had a tolerably clear notion as to what the fibrin of blood is. Schmidt, however, threw doubt on the matter by his theory that the fibrin of blood-clot does not exist as such in the circulating blood, but is the result of

the union, out of the body, of "fibrinoplastic" and "fibrinogenous" matter. This year, Messrs. Béchamp and Estor have, in communications to the Academy of Sciences in Paris, announced that the substance called blood-fibrin is only a false membrane, formed of the organic molecules (*microzymes*) of the blood, aggregated by a substance which they secrete from the albumen of the blood. In a communication made to the Academy on September 20, they describe further researches in confirmation of their theory. They allege that the so-called fibrin, under favourable circumstances, is capable of being resolved into microzymes and bacteria—the latter being formed by the aggregation of microzymes.—*Brit. Med. Journ.*, Oct. 9, 1869.

Prof. Polli's Theory in regard to the Sulphites.—Polli's theory has been energetically questioned in Florence by Dr. Bellini, who endeavoured to prove that when the sulphites are given for some time in pretty large doses they may retard morbid fermentation, not as sulphites, but by rendering the fluids of the economy more alkaline. Dr. Paganucci supported this view (at a meeting of the Physico-Medical Society of Florence), and stated that, for anatomical purposes, he succeeded in retarding putrefaction by injecting into the vessels a solution of carbonate of soda.

New Bases in Opium.—Since the discovery of apomorphia by the action of hydrochloric acid on morphia and codeia, further experiments have been carried on in the same direction in the chemical laboratory of St. Bartholomew's Hospital. We now learn on good authority that during the past fortnight three new bases have been discovered: one by the action of hydriodic acid on codeia, the second by the action of water on chlorocodide, and the third by the action of hydrochloric acid on papaverine. We look forward with interest to the investigation of the physiological properties of these new bases, which, we understand, is being carried on by Dr. Gee.—*Lancet*, Sept. 25, 1869.

Exuberance of Life in Great Varieties at Enormous Ocean Depths.—One of the most important scientific communications received of late years by any learned society is the report on the recent deep-sea ex-

plorations, made to the Royal Society on Thursday, Nov. 18th, by Dr. Carpenter. Our space will not allow us to make an analysis of it, but we may mention one or two of the startling facts which the deep-sea dredging has brought to light. The explorations have been conducted on board H. M. S. *Porcupine*, by Dr. Carpenter, Professor Wyville Thompson, and Mr. Gwyn Jeffreys. In the first place, this and former explorations have fully proved contrary to all preconceived opinions that life exists in wonderful variety and exuberance at enormous ocean depths, and that the temperature of the deep sea presents the most remarkable variations in degree.

"More remarkable still, it was found that a difference in bottom temperature between 32° and 47° existed at points only eight or ten miles distant from each other, beneath a uniform surface temperature of about 52°, and that where this was the case in the cold area the bottom was formed of barren sandstone, mingled with fragments of older rock, and inhabited by a comparatively scanty fauna, of an arctic or boreal character, while in the adjacent warm area the bottom surface was cretaceous, and the more abundant fauna presented characteristics due to the more temperate climate."

It is easy to see how this discovery gives to the winds many of our cherished ideas with regard to the succession of strata and of geological periods.

"The upheaval of a few miles of seabottom subject to these conditions would present to the geologist of the future two portions of surface totally different in their structure, the one exhibiting traces of a depressed, the other of an elevated temperature; and yet these formations would have been contemporaneous and continuous. Wherever similar conditions are found upon the dry land of the present day, it had been supposed that the high and the low temperature, the formation of chalk and the formation of sandstone, must have been separated from each other by long periods, and the discovery that they may actually coexist upon adjacent surfaces has done no less than strike at the very root of many of the customary assumptions with regard to geological time."

Well might Sir Charles Lyell call these discoveries almost revolutionary in their character. It has been hitherto the custom

to talk and write about the dark caves and recesses of ocean, but all this must be expunged from scientific writing and left to the poets. From the most profound depths—more than two thousand fathoms, nearly the height of Mont Blanc—animals of high organization, and with perfect eyes, have been brought to the surface by the dredge. Sir Charles Lyell suggested that the light which these creatures evidently enjoy must be a phosphorescent one. Over the whole of the warmer areas explored, the bottom was found to be covered with globigerina deposit—animals actively engaged in chalk formation. In the colder areas these are not found, but there we have beds of volcanic sand, with whole nations of echinoderms. Besides, from these great depths the dredge has brought up delicious sponges and foraminifera, zoophytes, molluscs, annelids, and crustaceans. One hundred and twenty-seven species of molluscs not previously known to exist in British seas were made captive, and many of them belong to new species. Dr. Carpenter promises shortly to exhibit to the Fellows of the Royal Society specimens of all the treasures of the deep which are thus wonderfully brought to light.—*Med. Times and Gaz.*, November 27, 1869.

Nitric Acid formed during a Thunderstorm.—Mr. PEPPE says that when a spark from the great induction coil at the Polytechnic is passed through common air the result is a red coloration when blown against damp litmus paper. In order to ascertain whether the acid product was nitric acid, the "flaming" spark (nine or ten inches in length) was passed through a bottle containing distilled water, from which another tube passed to the air-pump on drawing the air slowly over the spark, and passing the former into the bottle, nitric acid was obtained in large quantities, so much so that it could be detected by the smell and taste as well as by the ordinary tests. The popular notion that nitric acid is always produced during a thunderstorm would, therefore, appear to be correct. Also, it is evident that the purifying influence of a thunderstorm is a popular idea founded on facts.—*Med. Press and Circular*, Dec. 8, 1869.

Mr. Peabody.—In the *Lancet* for November 13th, 1869, we find the following

eloquent and just tribute to this eminent American.

"We cannot withhold our tribute of praise from this great philanthropist. It would be presumptuous to attempt to magnify his munificence, or to specify the details of it. But we may be allowed to praise the wisdom which guided his charity, and especially the discrimination which induced him to spend so much of the money which he gave to the poor in the way of providing comfortable and decent homes for them. It is doubtful charity that merely throws money to the poor; but that is wise kindness that endeavours to place them in physical conditions favourable to health, decency, and comfort. It is becoming more and more evident that this attention to the physical surroundings and conditions of the poor is the only sound basis for all measures that contemplate their moral and spiritual improvement. That this princely philanthropist should pass through Westminster Abbey to be buried in his own America is the fit ending of one of the finest lives that has lately been lived. Such men scarcely die."

"Quidquid ex illo amavimus, quidquid mirati sumus,
Manet; mansurum est in animis hominum, in
aeternitate temporum,
Fama rerum."

Large Dose of Croton Oil taken by a Young Girl; Recovery.—Dr. MAUVEZIN relates (*Gaz. des Hôpitaux*, June 29) the case of a girl 6 years old, who, by mistake, swallowed forty-five drops of croton oil in some coffee and milk. She complained of the horrid taste of the drug, and a burning sensation at the isthmus faucium immediately after the ingestion. A little time afterwards there was great pain at the epigastrium, with severe vomiting, which lasted three-quarters of an hour. After the vomiting had ceased, the patient slept for four hours; and on awaking she said she was hungry, when some soup was given her. The child was then free from all pain, had two loose stools, and made a good recovery. Dr. Mauvezin is puzzled to explain this favourable result, and states that the oil was, on trial, found of good quality, and readily excited pustulation by friction.

On Poisoning by Phosphorus.—Prof. RANIERI BELLINI contributes a lengthy paper on this subject to the *Sperimentale*

and *Annali di Chimica applicata alla Medicina*, for May, 1869. He comes to the conclusion respecting antidotes, specially chemical antidotes, that nitrate and chloride of silver are the most promising. Phosphorus in the presence of nitric acid and oxide of silver is acidified at the cost of the oxygen, and produces a phosphate of silver, a compound not influenced by weak acids nor by the acids of the stomach. He reckons that for every centigramme of phosphorus three centigrammes of nitrate of silver are required. Hence, for an adult who has swallowed a poisonous dose of phosphorus (say five centigrammes), six centigrammes of nitrate of silver would be demanded, a dose of the silver salt which has been tolerated.—Brit. and For. Med.-Chir. Rev., Oct. 1869.

Schönbein's Test for Prussic Acid.—M. SCOUTTETTES'S report on this subject was read before the Academy of Medicine, and related to a posthumous paper by Schönbein on a new test for prussic acid. The test consists of a slip of test-paper made as follows: Dissolve forty-five grains of guaiacum in three ounces of alcohol, and into the solution put good but thin white filter-paper, and when the paper is well saturated take it out and gently dry it. Next prepare a solution of sulphate of copper by dissolving fifteen grains of sulphate of copper in one ounce and a half of water. When about to supply the test cut off a slip of the prepared paper, dip it into the copper solution, and hold the slip over the vessel or substance containing the hydrocyanic acid. The paper is turned of deep blue colour, the colour, according to the author of the test, being produced by the presence of the one-millionth of a grain of the acid.—Brit. and For. Med.-Chir. Rev., Oct. 1869.

Iodoform.—M. NIESZKOWSKI has made this substance the subject of his thesis before the Faculty of Medicine of Paris. It is to be considered as greatly favouring cicatrization, and is also possessed of some anæsthetic properties. It is useful in soft chancre, more so than in the hard, in mercurial stomatitis, and lessens pain in cancer and epithelioma of the uterus. It may be used in the shape of powder, or mixed with cocoa butter, as an ointment, or mixed with collodion. It is useful to cover the dressings with adhesive plaster, in order

to free the patient from the disagreeable smell of the iodoform.—*Lancet*, Oct. 2, 1869

Danger of Uterine Injections.—Dr. CORNSTEIN gives (*Beiträge z. Chron. Metritis*) a careful historical survey of the practice and opinions of those who have related their experience upon the injection of fluids into the uterus. The general results seem to be that the injection of very powerful caustics is likely to cause inflammation of the uterus and peritoneum, or severe prostration and uterine colics, and these dangers are less urgent if care be taken first to dilate the cervix uteri so that the return of the fluid injected into the cavity is easy.—*Brit. and For. Med.-Chir. Rev.*, Oct. 1869.

Narcotics.—A book of Dr. FROMMULLER has just been published by Enke, in Erlangen, which is of great importance to pharmacologists and medical men in general: "Clinical investigations on the Action of Narcotics." These investigations extend over a lapse of nineteen years, and refer to 2328 actual cases, in each of which the experiments were repeated three successive times. The author principally studied opium and its alkaloids, cannabis, hyoscyamus, lactucarium, lupulin, musk, and solanin. Bromide of potassium did not seem to possess actual narcotic properties, and narcotin was also found wanting; but cannabis yielded excellent results.—*Lancet*, Dec. 11, 1869.

Mixed Clinics.—In an editorial in the (*London*) *Medical Times and Gazette*, Dec. 11, 1869, it is observed: "From America we received our first specimens of medical women. From America the first loud remonstrance on the part of medical men against the intermingling of the sexes in clinical study has just now reached us. Our transatlantic brethren have been the first to try the system, and a protest against it, signed by the medical and surgical staffs of twelve hospitals and medical schools, and by between sixty and seventy physicians practising in the city of Philadelphia, now lies before us. The protesters, amongst whose names will be found many of world-wide reputation, speak in no measured terms of the utter indecency of clinical teaching in classes composed of both sexes. They show that in such a class efficient instruction can only be given

at the expense of modesty." After quoting several extracts from this document, the article concludes with the following remarks: "The idea of these ladies, either on the subject of physical examination in disease, or else of what female modesty requires, must be, we think, in a remarkably rudimentary condition. Good female nurses are the ministering angels of the sick-room. If ladies wish to be doctors, as long as they will get educated and examined apart from men, we have no wish to hinder them; but the idea of young men and women examining together in the same wards the chests and abdomens of male and female patients, and experimenting on their excretions, is simply revolting. We are glad that the medical men of Pennsylvania have come forward to protect at least the modesty of their own sex. We hope that their example will not be lost on the other, and we commend the whole position to the consideration of the Universities of Edinburgh and Paris."

Saline Particles in the Atmosphere at the borders of the Ocean.—Dr. DHERCOURT states (*L'Union Médicale*, Oct. 2, 1869) that he concludes from numerous researches that there exists at the borders of the ocean an atmospheric zone which is constantly impregnated with saline particles.

The Preservation of Wines.—Four years ago, M. PASTEUR announced that he had ascertained that wines became spoiled in consequence of the presence of microscopic organisms, which could be destroyed by exposing the wine to a temperature of 55 centigrade (131 deg. Fahr.) for a few moments only. A committee of experts in wines was appointed to make a comparative examination of wines which had, and which had not, been subjected to heat; M. Lapparent being president, and M. Dumas and M. Pasteur assisting. They have concluded, that it is impossible to deny that the preservation of wine in bottles is greatly improved by heating; that the destruction of the germs is perfect, without the least impairment of the taste, colour, or limpidity of the wines.

Scarlet Fever in London.—The epidemic of scarlet fever in London continues to increase; the number of deaths from that disease during the week previous to 11th December was 245.

WELLS ON THE EYE—Just Issued.

A TREATISE ON DISEASES OF THE EYE.

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